

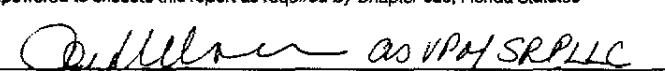


**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A0100000504</b>				<b>Secretary of State</b>	
1. Entity Name <b>LAS OLAS GRAND, LTD.</b>					
Principal Place of Business <b>312 S.E. 17TH STREET SUITE 300 FT. LAUDERDALE, FL 33316</b>		Mailing Address <b>312 S.E. 17TH STREET SUITE 300 FT. LAUDERDALE, FL 33316</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>65-1094532</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PALMER, CHARLES L 312 S.E. 17TH STREET SUITE 300 FT. LAUDERDALE, FL 33316</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000005684		STREET ADDRESS		
NAME	SEA RANCH PROPERTIES, LLC		CITY-ST-ZIP		
STREET ADDRESS	312 S.E. 17TH STREET				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  as VP of SR PLLC			Date <b>9-17-04</b> Daytime Phone # <b>954-463-0681</b>		